

vault

*sold
mi*

Entry Blank—Please Type or Print

Ms./Artist
 Mr./Artist

Thomas Coleman

(last name last)

Permanent
Address

584 Yarmouth Bay Village

Street

City

44140

Daytime Tel. (216) 871-7965

Zip

area

Temporary or
Studio Address

Street

City

Daytime Tel. (

Zip

If you do not presently live in one of the counties of Reserve, in which county were you born? _____

PB \$1800
7/26 M
#41985

Collaborator (if any) _____

If May Show entries are not accepted or are not sold:

- Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until July 17, 1988.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Thomas Coleman

I have received the unsold/unaccepted object(s) in good condition.

Signature

Mi

Entry Blanks

A

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Paintings | <input type="checkbox"/> Graphics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Sculpture | <input checked="" type="checkbox"/> Crafts | (specify category) |

Materials used (media):

ebony, sterling and bronze

Mixed metal and wood

Title

Gilt reliquary

Price or NFS	Insurance Value if NFS Only	Size height x width x depth
2,000.00		6" x 6" x 6"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price- Unframed	Price of Frame
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION Mi 4 160abc mi	ACCEPTED <input checked="" type="checkbox"/>	NOT ACCEPTED
NOT ACCEPTED			

B

- | | | |
|------------------------------------|-----------------------------------|--------------------------------------|
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ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	REC'D
NOT ACCEPTED		NOT ACCEPTED	DATE

Detach entire portion along dotted line and submit with slides, but retain tags